RSPA- 1996-12757-4

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (Eff. 9/2/93) MAIL TO: STATISTICAL SERVICES. TEXAS DEPARTMENT OF PUBLIC SAF PLACE WHERE UCL NO. 34053743 ACCIDENT OCCURRED CITY OR TOWN IF ACCIDENT WAS OUTSIDE CITY LIMITS. DO NOT WRITE IN THIS SPACE INDICATE DISTANCE FROM NEAREST TOWN NORTH S MAJOR-YES SPEED NO LIMIT ROAD ON WHICH CONSTR. LOC ACCIDENT OCCURRED ZONE NUMBER OR STREET CODE INTERSECTING STREET YES SPEED CONSTR. HOUTE NUMBER OR STREET CODE CODE SEVERITY OR RR X'ING NUMBER ZONE NO LIMIT STREET OR ROAD NAME FT. CC CC CC OF NOT AT INTERSECTION MI. N S E W CASE #11147099L FAT. REC. _ DR. REC. X A.M. IF EXACTLY NOON DATE OF DAY OF HOUR P.M. OR MIDNIGHT, SO STATE ACCIDENT WEEK 4 IF BODY STYLE = VAN OR BUS, UNIT NO. 1 - MOTOR VEHICLE INDICATE SEATING CAPACITY LICENSE 94 MODEL BODY YEAR COLOR a KTW-02D MODEL PHONE DRIVER'S 5-2318 NUMBER . NAME _ DRIVER'S CLERK LICENSE PEACE OFFICER, EMS DRIVER SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 2/3 ALCOHOL/DRUG ANALYSIS RESULT FIRE FIGHTER ON EMERGENCY? ☐ YES LESSEE 🗆 DAME NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) OWNER 💢 LIABILITY NINSURANCE YES โท∩ MOTOR VEHICLE TRAIN PEDALCYCLIST TOWED PEDESTRIAN OTHER IF BODY STYLE = VAN OR BUS, VEH IDENT NO 1XKDDE812RS624912 INDICATE SEATING CAPACITY LICENSE 95 MODEL DRIVER'S PHONE NAME DRIVER'S SEX M OCCUPATION TRUCK LICENSE SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) PEACE OFFICER, EMS DRIVER. 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ALCOHOL/DRUG ANALYSIS RESULT FIRE FIGHTER ON EMERGENCY? LESSEE X EXX YES INSURANCE - NO A VEHICLE DAMAGE RATING DAMAGE TO PROPERTY OTHER THAN VEHICLES DAMAGE ESTIMATE OBJECT DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) LIGHT WEATHER SURFACE TYPE ROAD SURFACE 2 CONDITION CONDITION 1-BLACKTOP 1-DAYLIGHT 1-OLEAR/CLOUDY 6-SMOKE 2-CONCRETE 1-DRY 2-DAWN PRAINING 3-DARK-NOT LIGHTED 2-SNOWING RAINING 7-SLEETING 2-WET 3-GRAVEL 8-HIGH WINDS 3-MUDDY 4-SHELL 4-SNOWY/ICY 4-DARK-LIGHTED 7-FOG 9-OTHER 5-DIRT 5-BLOWING DUST 6-OTHER 5-DUSK C 5-OTHER X-YES DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? _ NO IN YOUR OPINION! CHARGES FILED CITATION NAME CHARGE NUMBER CITATION NUMBER CHARGE NAME TIME ARRIVED AT TIME NOTIFIED SCENE OF ACCIDENT 7:37A m OF ACCIDENT 1174 IS REPORT COMPLETE TYPED OR PRINTED NAME OF INVESTIGATOR DIST. / AREA

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13 DEFECTIVE TRAILER HITCH 31 FAILED TO STOP FOR TRAIN MERGENCY VEHICLE 51 DEPEND ON HITCH TRAILER HITCH 32 FAILED TO YIELD NOW — GPEN INTERSECTION 52 OVERSIZE VEHICLE OR LOAD 17 WRONG WAY — ONE WAY ROAD 15 OVERSIZE VEHICLE OR LOAD 17 WRONG WAY — ONE WAY ROAD 18 OVERSIZE VEHICLE OR LOAD 18 OVERSIZE VEHICLE OR	11 DEFECTIVE STEERING	G MECHANISM	29 FAILED TO	STOP AT PROPER PLACE	48 IMPAI	IRED VISIBILITY (EXPLAIN I		67 U	NDER IN	FLUENCE	- ALCO			
15 DISREGARD STOP AND GO SIGNAL 33 FAILED TO YIELD ROW — GPEN INTERSECTION 52 OVERSIZE VEHICLE OR LOAD 71 WRONG WAY — ONE WAY ROAD 75 DISREGARD STOP SIGN OR LIGHT 14 FAILED TO YIELD ROW — FINIATE DRIVE 51 OVERTAKE AND FASS INSUFFICIENT CLEARANCE 72 OTHER FACTOR. WRITE IN ON LINE BELOW) 17 DISREGARD TURN WARKS AT INTERSECTION 15 FAILED TO YIELD ROW — STOP SIGN 54 PARKED AND FAILED TO SET BRAKES	13 DEFECTIVE TRAILER	HITCH	31 FAILED TO	STOP FOR TRAIN	50. LDAO	NOT SECURED		69 W	VAONG S	IDE — AF	PROACH	OA IN H	NTERSECT	TION
17 DISREGARD TURN MARKS AT INTERSECTION 35 FAILED TO YIELD ROW - STOP SIGN 54 PARKED AND FAILED TO SET BRAKES	15 DISREGARD STOP AF	ND GO SIGNAL	33 FAILED TO	YIELD ROW - GPEN INTERS	ECTION 52 OVER	SIZE VEHICLE OR LOAD		71 W	RONG W	AY - ON	E WAY RE	JAD	BELOWI	
18 DISREGARD WARNING SIGN AT CONSTRUCTION JE FAILED TO YIELD ROW - TO PEDESTRIAN SS PARKED IN TRAFFIC LAME	17 DISREGARD TURN N	MARKS AT INTERSECTION	35 FAILED TO	YIELD ROW - STOP SIGN	54 PARK	ED AND FAILED TO SET BRA								

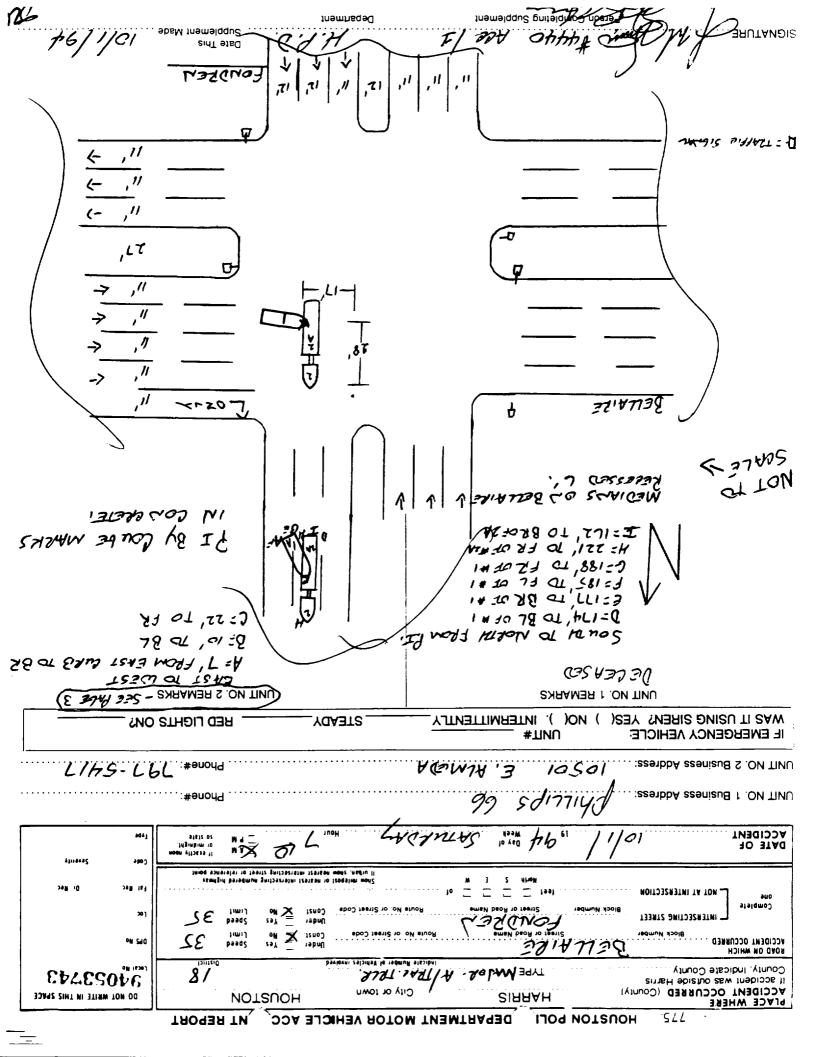
PLACE WHERE ACCIDENT OCCURRED			BLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-000
COUNTY HAZRIS	CITY OR TOWN	House	94053743
IF ACCIDENT WAS OUTSIDE CITY LIMITS.		CHOW DALY IF INCIDE CITY LIMITS	DO NOT WRITE IN THIS SPACE
INDICATE DISTANCE FROM NEAREST TOWN	MILES NORTH S E W	OF CITY OF TOWN	- To Not white in This state
MAJOR- AUTO/TR	LACTOR TRAILER (FATALITY)	OPS NO
ROAD ON WHICH RECLED REZL	AIRE	CONSTR. ☐ YES S ZONE 🔀 NO L	PEED 35 Luc.
INTERSECTING STREET BLOCK NUMBER STR	IEEE OR HOAD HAME ROUTE NUMBER OR ST	REET CODE CONSTR. YES S	PEED 2 CODE SEVERITY
OR RR X'ING NUMBER STR	REET OR ROAD NAME ROUTE NUMBER OR ST	REET CODE ZONE ZONE	
	FT. OF SHOW MILEPOST OF NEAREST INT	T INTERSECTING NUMBERED HIGHWAY. Fersecting street or reference point	FAT. REC DR. REC
DATE OF ACCIDENT OCT. 1,	19 94 DAY OF SATURDA	4 HOUR 7 10 KA.M. IF EX	ACTLY NOON IDNIGHT, SO STATE
NO. 1 - MOTOR VEHICLE	VEH IDENT NO	•	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY
		nany	
YEAR COLOR & MAKE	MODEL NAME	BODY STYLE	PLATE
DRIVER'S NAME	_		PHONE YEAR STATE NUMBER NUMBER
DRIVER'S FIRST	ADDRESS ADDRESS	CITY STATE	
	S/TYPE DOB DAY WA	RACE SEX OCCUPATION	JN
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED LESSEE OWNER OWNER	ALCOHOL/DRUG ANALYSIS RES		E OFFICER, EMS DRIVER, FIGHTER ON EMERGENCY? YES NO
HAME (ALWAYS ENDW LESSEE IF LEASED, OTHERWISE	E SHOW OWNER) ADDRESS		CITY STATE
INSURANCE NO INSURANCE COM			VEHICLE DAMAGE RATING
		POLICY NUMBER	
UNIT MOTOR VEHICLE TRAIN PEDALCYCLIS	VEH IDENT NO IHLASA	782R7H574ZZ	IF BODY STYLE = VAN OR BUS.
VEAR ALL COLOR SIL.	MODEL	RODY	
MODEL 97 & MAKE KED / HET	L MODEL TANKER	STYLE SEMI TRAILS	YEAR STATE WILMING
DRIVER'S TOWED	BY UNIT #2		PHONE SIAM NUMBER
DRIVER'S LICENSE	MIQUEE ADDRESS	RACE SEX OCCUPATION	nu.
STATE NUMBER CLAS SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS)	STITTE MU DAY YEAR	PEAC	OFFICER, EMS DRIVER,
1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED		ULT FIRE I	FIGHTER ON EMERGENCY? - YES XNO
LESSEE . SALAM ALC	UNIT # Z		CITY STATE
OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE	SHOW OWNER) ADDRESS		SINIT.
OWNER WAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE LIABILITY YES	SHOW OWNER) ADDRESS		800 3
OWNER AME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE	SHOW OWNER) ADDRESS	POLICY HUMBER	VEHICLE DAMAGE RATING BRQ-3
OWNER AME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE LIABILITY SOME INSTRUMENT OF NO	SHOW OWNER) ADDRESS	POLICY NUMBER	800 3
OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE LIABILITY YES INSURANCE NO MISURANCE COM	SHOW OWNER) ADDRESS		VEHICLE DAMAGE RATING BRQ-3
OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE INSURANCE OM INSURANCE COM DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT	SHOW OWNER) ADDRESS PANY MAINE NAME AND ADDRESS OF OWNER	FEET FRO	
OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE INSURANCE ON MEURANCE COME	PANY MAME NAME AND ADDRESS OF OWNER SURFACE CONDITION	FEET FRE TYPE ROAD SURFACE DESCRIBE ROAD	VEHICLE DAMAGE RATING BRQ-3
OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE INSURANCE ON MEURANCE COM	PANY NAME NAME AND ADDRESS OF OWNER SURFACE CONDITION	FEET FRE	
OWNER AME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE LIABILITY YES INSURANCE OM MISURANCE COM DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-DAYLIGHT 2-DAWN 2-RAINING 7-SLEETI 2-RAINING 1-SEETI	PANY NAME NAME AND ADDRESS OF OWNER SURFACE CONDITION E 1-DRY ING 2-WET	TYPE ROAD SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL	
OWNER NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE INSURANCE ON MEURANCE COMM DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-DAYLIGHT 2-DAWN 2-RAINING 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 4-FOG 9-OTHER	PANY MAME NAME AND ADDRESS OF OWNER SURFACE CONDITION E 1-DRY ING 2-WET 3-MUDDY 4-SNOWY/ICY	TYPE ROAD SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT	
OWNER AME (ALWAYE SHOW LESSEE IF LEASED, OTHERWISE LIABILITY YES INSURANCE NO MISURANCE COME DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-CLEAR/CLOUDY 6-SMOKI 2-RAINING 7-SLEET 3-DARK-NOT LIGHTED 4-FOG 9-OTHER 5-DUSK 5-BLOWING DUST	PANY NAME NAME AND ADDRESS OF OWNER SURFACE CONDITION E 1-DRY ING 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	TYPE ROAD SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 1-SHELL 5-DIRT 6-OTHER	VEHICLE DAMAGE RATING BRO-3 IN CURB SOAMAGE ESTIMATE D CONDITIONS (INVESTIGATOR'S OPINION)
OWNER AME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE INSURANCE ON MSURANCE COMM DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-CLEAR/CLOUDY 6-SMOKI 2-RAINING 7-SLEET 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 4-FOG 9-OTHER 5-DUSK IN YOUR OPINION, DID THIS ACCIDENT RES	PANY NAME NAME AND ADDRESS OF OWNER SURFACE CONDITION E 1-DRY ING 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	TYPE ROAD SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 1-SHELL 5-DIRT 6-OTHER	VEHICLE DAMAGE RATING BRO-3 IN CURB OAMAGE ESTIMATE D CONDITIONS (INVESTIGATOR'S OPINION)
OWNER AME (ALWAYE SHOW LESSEE IF LEASED, OTHERWISE INSURANCE ON MEURANCE COME DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-CLEAR/CLOUDY 6-SMOKI 2-RAINING 7-SLEET 3-SNOWING 8-HIGH V4-FOG 9-OTHER 5-BLOWING DUST IN YOUR OPINION, DID THIS ACCIDENT RES CHARGES FILED	PANY NAME HAME AND ADDRESS OF OWNER SURFACE CONDITION E 1-DRY 1NG 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	TYPE ROAD SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 1-SHELL 5-DIRT 6-OTHER	
OWNER AME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE INSURANCE ON MSURANCE COMM DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-CLEAR/CLOUDY 6-SMOKI 2-RAINING 7-SLEET 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 4-FOG 9-OTHER 5-DUSK IN YOUR OPINION, DID THIS ACCIDENT RES	PANY NAME NAME AND ADDRESS OF OWNER SURFACE CONDITION E 1-DRY ING 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	TYPE ROAD SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 1-SHELL 5-DIRT 6-OTHER	VEHICLE DAMAGE RATING BRQ - 3 IN CURB SOAMAGE ESTIMATE D CONDITIONS (INVESTIGATOR'S OPINION) ERTY?
OWNER AME (ALWAYE SHOW LESSEE IF LEASED, OTHERWISE LIABILITY YES INSURANCE OM MISURANCE COM DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-CLEAR/CLOUDY 6-SMOK! 2-RAINING 7-SLEET! 3-DARK-HOT LIGHTED 3-SNOWING 8-HIGH V 4-DARK-LIGHTED 4-FOG 9-OTHER 5-DUSK IN YOUR OPINION, DID THIS ACCIDENT RES CHARGES FILED NAME NAME	PANY NAME NAME AND ADDRESS OF OWNER	FEET FROM SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 5-OTHER GE TO ANY ONE PERSON'S PROP	VEHICLE DAMAGE RATING BRO-3 IN CURB OAMAGE ESTIMATE D CONDITIONS (INVESTIGATOR'S OPINION) ERTY? CITATION NUMBER CITATION NUMBER AT () (,
OWNER AME (ALWAYE SHOW LESSEE IF LEASED, OTHERWISE LIABILITY YES INSURANCE ON MEURANCE COME DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-CLEAR/CLOUDY 6-SMOKI 2-RAINING 7-SLEET 3-SNOWING 8-HIGH VALUE 4-FOG 9-OTHER 5-DUSK IN YOUR OPINION, DID THIS ACCIDENT RES CHARGES FILED NAME NAME TIME NOTIFIED 1 ALL 729	PANY NAME NAME AND ADDRESS OF OWNER	FEET FROM SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 5-OTHER GE TO ANY ONE PERSON'S PROP	VEHICLE DAMAGE RATING BRO-3 IN CURB OAMAGE ESTIMATE D CONDITIONS (INVESTIGATOR'S OPINION) ERTY? VES OAMAGE ESTIMATE OAMAGE ESTIMATE
OWNER AME (ALWAYE SHOW LESSEE IF LEASED, OTHERWISE LIABILITY YES INSURANCE OM MISURANCE COM DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT LIGHT CONDITION 1-CLEAR/CLOUDY 6-SMOK! 2-RAINING 7-SLEET 3-SNOWING 8-HIGH VALUE SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	PANY NAME HAMME AND ADDRESS OF OWNER SURFACE CONDITION E 1-DRY ING 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER SULT IN AT LEAST \$500.00 DAMA(CHARGE CHARGE	FEET FREE TYPE ROAD SURFACE 1-BLACKTOP 2-CONCRETE 3-GRAVEL 1-SHELL 5-DIRT 5-OTHER GE TO ANY ONE PERSON'S PROP	VEHICLE DAMAGE RATING BRQ - 3 IN CURB SOAMAGE ESTIMATE D CONDITIONS (INVESTIGATOR'S OPINION) ERTY? YES NO CITATION NUMBER CITATION NUMBER AT OUT 194 737 A HOUR

HOUSTON POLIC DEPARTMENT	MOTOR VEHICLE ACCI. AT REPORT
PLACE WHERE ACCIDENT OCCURRED (County) If accident was outside Harris TYPE MAJOR - 79	City or town HOUSTON TRAC - TRUE Ste Rumber of Vehicles involved City or town 18 00 NOT WRITE IN THIS SPACE 94053743
FINTERSECTING STREET FOUNDER	Under Yes Speed 35 Under Yes Speed 35 Under Yes Speed 35 Loc Loc Show milepost or nearest intersecting numbered highway If urban, show nearest intersecting street or reference point Code Severity
DATE OF 10/1/ 1994 Day of SATER	//D XI.M. Il exactly moon
JNIT NO. 1 Business Address:	Phone#:
JNIT NO. 2 Business Address:	Phone#:
WAS IT USING SIREN? YES() NO(). INTERMITTENTLY_	STEADY RED LIGHTS ON?
WITNESS! SMITH, VAHYA HAZIN 11043 PERTHWOOD HOU. TX	I WAS N/B ON FORMARKS THE HIGHT WAS GREEN FOR ME SO I PROCESS AS I WAS ALMOST ACKOSS THE INTERSECTION I SAW A CAR WB + IT HIT MY THANKS I GOT STOPPED + JUMPED DUT + PANITHE STREET TO A STOP N GO & A SAKED A GO IF HE SAW WHERE THE OAK THAT HIT ME WENT. HE SAID YEA IT'S UNDER YOUR TO HI LOOKED + SAW, T BURNING WORSHAM, STANLEY MARK
Hou. TX 879-4154	4555 HARBORTOWN #107 HOU. TX. 771-1818
BRANGH, CHARLES E. 8162 MARRY HOU.TX 731-1815	MILLER, CLAUDIE 8900 EREEK BEND #178 HOU. DX. 271-3970
ARNS PARLER, JACKIE B 7603 SUMMER CLEN HOU. TX. 77072 H. 933-1764 W. 662-1949 < I WAS EAST ON BELLAIRS + A FLASH OF FIRE AT THE INTORSE BY THE TIME I GOT THERE THE I WAS GONE DOWN I DIDN'T SEE THE IMPART OR THE LIGHTS.	SARW ECREMI ELE

SIGNATURE & M. P.D. Date This Supplement Made 10/1/94
Reson compliating Supplement Department Department

TEXAS PEACE OFFICERS ACCIDENT CASUALTY SUPPLEMENT

TEXAS PEACE OFFICERS ACCIDENT CASUALTY SUPPLEMENT
ACCIDENT IDENTIFICATION (Copy information in this section exactly as shown on Basic Report)
COUNTY HAPPIS CITY OR TOWN HOUSTON
Accident Occurred BELLASRE @ FONDLED Date of 1011 1994 Hour 7 10 KAM Accident Occurred
Unit No 1 Operator DCBAYOHANNES, BISSIZAT - License KTW-OZI
SECTION I - MOTOR VEHICLE ACCIDENT DEATH (Driver or Possenger in Passenger or Truck Type Vehicle)
Name of Person Killed OCBAY OHANNES, BISSIRAT Middle Middle
Date of Death 10/1/ 19 94 Hour 7 19 PM from vehicle NO
Describe injuries HEAD - MSO BURNOD BEYOND RECOGNITIONS.
Part of vehicle ROOF + DOOR
Blood sample taken? No Blood sample sent to County Molline
SECTION II - MOTORCYCLE OR MOTORSCOOTER CASUALTIES (Deaths or injuries)
Name of Cosualty Loss First Madde
If killed Describe date of death injuries
Color shirt Color trousers Was Heimet Tes Was Heimet Tes ar coat ar skirt worn? No damaged? No
Type of eye Calor of Equipped with Yes Wind. Yes Footrest for Yes protective device lens or shield. Crash bars? No shield? No this casualty? No
Blood sample taken? No Blood sample sent to
SECTION III - PEDESTRIAN CASUALTIES (Deaths or injuries)
Name of Casualty date of death
WHAT PEDESTRIAN WAS DOING
Along Pedestrian N S E W (Street name highway No.) (NE corner to S E corner or west to east to eas
1 Crossing or entering at 4 Walking in roadway intersection with traffic
Crossing or entering not 5 Walking in roadway 7. Pushing or working 18. Other in roadway at intersection against traffic on vehicle
3 Getting on or off vehicle 6 Standing in Roadway [Includes hitch - hiking]
Describe injuries
Color shirt or coat
Pedestrian condition Pedestrian drinking? No
Yes Blood sample taken? No Blood sample sent to
SECTION IV - OTHER CATEGORY DEATH (Road machinery, bicyclist standing on parch ga-cart etc.)
Name of Ferson Rilled Category Death
mioute.



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EJECTE	0	CODE FO	JR TYPE RESTRAIN	IT USED	AIRBAG CODE	:	HELMET USE	COOE F	DA INJURY SE	VERITY	(CDM		COHOL/C				HICLE)
A · NOT APPL! Y · YES N · NO P · PARTIALLY U · UNK		B - SEATBE C - CHILD I	LT & SHOULDER S LT & NO SHOULDE RESTRAINT DER STRAP ONLY		Y - DEPLOYED N - NO DEPLOYME U - UNK IF DEPLO	NT 2 - WOI YED 3 - WOI 4 - NDT	DRN-DAMAGED K - KILLED 1 - BREATH DRN-NOT DAMAGED A - INCAPACITATING INJURY 2 - 8LODD DRN-UNK IF DAMAGED B - NON INCAPACITATING 3 - OTHER IT WORN C - POSSIBLE INJURY 4 - NONE IK IF WORN N - NOT INJURED 5 - REFUSED										
UNIT NO. 1			TOWED DUE	VEHICLE REMOVED) to											_	
DAMAGE RATING			TES NO								,		7				,
		NAME (LA			SITIONS, RESTRAINTS KULED OR INJURED	USED, ETC., HOW	ADDRESS				EJECTEO	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	CODE
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UNIT NO. 2 A			TOWED DUE	VEHICLE							1		_	=			1
DAMAGE B	RO-	TOR VEHICLE)	TO DAMAGE	REMOVED	0 TOSA~	14 A.	5 # .	2_									
1	COMPLETE	ALL DATA ON	ALL OCCUPANTS	NAMES. PO	SITIONS, RESTRAINTS KILLED OR INJURED	· · · · · · · · · · · · · · · · · · ·					EJECTEB	TYPE	AIREAG	HELMET	AGE	SEX	INJUR
POSITION		NAME (LA	ST NAME FIRST)		1		ADDRESS	· · · · · · · · · · · · · · · · · · ·				USED					CODE
DRIVER	SEE FROM	IT									 				_		╁
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COMPLETE IF CA	KIIAITIEP	MAT IN MATE	IB VEHICI E						- 		1	L	<u> </u>	L			⊥
PEQESTRIAN.	SUALITES									TYPE				Τ			7
PEDALCYCLIST ETC.		CASUALT	Y NAME (LAST NA	ME FIRST)		CASUALTY A	DORESS			SPECIMI		SULT	HELMET	A6	E St	EX	CODE
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DISPOSITION O	F KILLED A	MQ INJURED											BULANC		, SHO	*	
ITEM NUMBERS			TAKEN TO)				ВУ		N	TIME OTIFIED	TIM	E ABRIV	ED	NO. AT INC.	TEN(DANTS VER
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COMPLETE THIS	SECTION I	F PERSON KI	LLED								$-\!\!\!/$	1					
ITEM NUMB		DATE OF DE		DE DEATH	ITEM NUMBER	DATE OF	DEATH T	ME OF DEATH	ITEM NU	MBSA	D/	ATE OF	DEATH		TIME (OF DE	EATH
				$\overline{}$	1						<u> </u>		· ·				
INVESTIGATOR'S	S NARRATIV	/E OPINION O	IF WHAT HAPPENE	D (ATTACH A	ADDICIONAL SHEETS IF	NECESSARY)		DIAGRAM 0		WO WAY	רום 🗀	/IDED					
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UNIT 1	1	2	3		ONIT 1	2	3-ST	OP SIGN ASHING RED LIGHT	14	MELD SIGN CENTER ST						- '	
UNIT 2		2] 3		UNIT 2												
2 ANIMAL I 3 BACKED I 4 CHANGED 5 DEFECTIV 6 DEFECTIV 7 DEFECTIV 8 DEFECTIV) LANE WHEN IE OR NO HEI IE OR NO STE IE OR NO TAI IE OR NO TUI IE OR NO TRI IE OR NO VE) IE OR NO VE)	MILD ETY UNSAFE		20. DRIVER IN 21 DROVE WI 22 FAILED TO 23 FAILED TO 24 FAILED TO 25 FAILED TO 27 FAILED TO 28 FAILED TO 28 FAILED TO	ION IN VEHICLE IATTENTION THEADLIGHTS OCONTROL SPEED DRIVE IN SINGLE LANE O GIVE HALF DO FROADWAY O'TO HEED WARNING SIGN PASS TO LEFT SAFELY PASS TO RIGHT SAFELY O SIGNAL OR GAVE WRONG O STOP AT PROPER PLACE	SIGNAL	38. FAILED TO YIE 39 FAILED TO YIE 40. FATIGUED OR 41 FAULTY EVASI' 42 FIRE IN VEHIC 43 FLEEING OR E 44 FOLLOWED TO 45 HAD BEEN DR 46 HANDICAPPED 47 ILL (EXPLAIN	VE ACTION (LE VADING POLICE O CLOSELY INKING DRIVER (EXPLAIN IN	MED SN NARRATIVE)	57 59. 60 61. 62 63 64 65 66	PASSED (PEDESTRI SPEEDING SPEEDING TAKING A TURNED TURNED TURNED TURNED TURNED TURNED TURNED TURNED TURNED	N NO PA: IN RIGHT IAN FAILI E — UNS E — OVER IMPROPE IMPROPE IMPROPE WHEN US IFFLUENCE	SSING ZON SHOULDE STORE SHOULDE SHE (UND) LIMIT DN (EXPLA RLY — CU RLY — WI RLY — WF RSAFE E — ALCO	EN LD ROW ER LIMIT IN IN NO T CORNE OF RIGH LONG LA	T) ARRATIV ER ON L T	E)	
12 DEFECTIVE 13 DEFECTIVE 14 DISABLET 15 DISABLET	IE OB SCICK	TIRES ITCH LANE GO SIGNAL		30 FAILED TO 31 FAILED TO 32 FAILED TO 33 FAILED TO	J STOP FOR SCHOOL BUS D STOP FOR TAAIN D YIELD ROW — EMERGEN D YIELD ROW — OPEN INTI D YIELD ROW — PRIVATE O	ERSECTION	49 IMPROPER STA 50 LOAD NOT SEC 51 OPENED DOOR 52 OVERSIZE VEH 53 OVERTAKE AND	NAT FROM PARKED PO CURED INTO TRAFFIC LANE DICLE OR LOAD DIPASS INSUFFICIENT	SITION - CLEARANCE	68 69 70 71	UNDER IP WRONG S WRONG S WRONG V	IFLUENCI IIOE — A IIOE — N VAY — OI	E — ORUG PPROACH IDT PASSIA NE WAY RI VRITE IN O	OR IN	\	TION	
DISREGAL	RD TURN MA	RKS AT INTERSI SIGN AT CONST		35 FAILED TO	D YIELD ROW - STOP SIGN D YIELD ROW - TO PEDES	l		FAILED TO SET BRAKI								_	_

ST-3C (1/94) COMMERCIAL MOTOR VEHICLE 3U	PPLEMENT TO THE TEXAS	S PEACE OFFICER'S ACCIDENT	REPORT -	
ACCIDENT INFORMATION			L	C NO. 94053743
1 COUNTY HARRIS	CITY OR T	OWN Hore STE	ا لــ	DO NOT WRITE IN
3 agan on which accident occupant RE/	LAIRE DE	molen		THIS SPACE
BLOCK	NO. STREET OR ROAD NAME		ROUTE NUMBER	
3 ROAD ON WHICH ACCIDENT OCCURRED $\frac{860}{8000}$	DAY OF WEEK SAT 6	HOUR DE ME	EXACTLY NOON OR DNIGHT, SO STATE)	CS NO
DRIVER INFORMATION		2	(2/22	#C0=
1) NAME DALCOUR, EULER	MIDDLE	DRIVER'S LICENSE /)	STATE NUM	558C
DRIVER'S LICENSE CLASS/TYPE A CDL X YES NO	@ RESTRICTIONS	11 ENDORSE	MENTS	DRIVER'S DOB 7-1-46 MONTH DAY YEAR
CARRIER INFORMATION 3 VEHICLE OPERAT	ION MINTERSTATE COMM	ERCE INTRASTATE COMME	RCE 14 NAME SOURC	E
(15) CARRIER'S CORPORATE NAME EXX	J			SHIPPING PAPERS DIRIVER
19 CARRIER'S PRIMARY ADDRESS 10501	E. ALMEDA	Houst	× ×	77051
CARRIER ID TYPE: C ICC CONT.	STREE	T CITY	(18) CARRIER	state zip 10 No. 107434
MOTOR VEHICLE INFORMATION		× 2AH-135		
2 19 UNIT NUMBER ON ST-3	ASY	AR STATE NUMBER	NUMBER	OF NUMBER OF YES
O ONIT NUMBER ON SI-3	GROSS VEHICLE WEI	GHT RATING VEHICLE WEIGHT 1 80	2000 AXLES	TIRES I NO
WEHICLE TYPE	26 CARGO BODY STYLE		図 HAZARDOUS	
1-TRUCK	1	CLOSED BOX 5-SPECIALIZED	1. CLASS_C	74.5 4/6% ID No. 1203
2-TRUCK TRACTOR 3-VAN 4-BUS	3 2-DUMP 3-CARGO TA		2. CLASS 3. CLASS	ID No
5-AUTOMOBILE		E/REFUSE 8-NA (16, TRUCK TR/ AUTÓ OR BUS)	HAZARDOUS MAT	TERIALS RELEASED
6-OTHER	9-01	CARGO TYPE 1-GEN		
	PERSONAL PROPERTY SICK OR INJURED	2-GAS	IN BULK 9	-ROCK, DIRT, SAND, GRAVEL, ETC. -Machinery -Construction Material
3-RECREATIONAL OR HUMAN 4-FIREFIGHTER 8-PRIVATE TRA	CORPSES INSPORTATION OF	9 4-SOL 5-PRO	IDS IN BULK 11- DUCE 12	DAIRY PRODUCTS -OTHER (SPECIFY)
5-SCHOOL BUS PASSENGERS 9-OTHER	j.		STOCK 14	-EMPTY -NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)
30 ₽/A IF THIS VEHICLE TYPE IS A BUS	S, SHOW THE NUMBER OF PA	SSENGERS THE BUS IS EQUIPPED		
31 SHOW THE NUMBER OF TRAILE	R(S) /SEMI-TRAILER(S) THIS	MOTOR VEHICLE IS TOWING. COM	PLETE TRAILER INFORMATIO	IN BELOW AS APPLICABLE
TRAILER NUMBER 1 INFORMATION	4/3	TRAILER TYPE	33 HAZARDOUS MATERI TRANSPORTING HAZAR	MIS MATERIALS CO
	ABER	1-FULL TRAILER 2-SEMI-TRAILER	1. CLASS GAS 2. CLASS	ID NO NO
GROSS VEHICLE WEIGHT RATING	DR 10,100	3-POLE TRAILER	3. CLASS	ID NO
REGISTERED GROSS VEHICLE WEIGHT 36 TRAILER CARGO BODY STYLE	ெ .	ARGO TYPE	HAZARDOUS MATERIAL	
1-VAN/ENCLOSED BOX 5-SPE(2-DUMP 6-FLAT	CIALIZED	1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUID IN BULK	6-AGRICULTURAL PRODUC 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVE	12-OTHER(Specify)
4-LIVESTOCK B-OTH		4-SOLIDS IN BULK 5-PRODUCE	9-MACHINERY 10-CONSTRUCTION MATERIA	14-NOT APPLICABLE (UNIT NOT
TRAILER NUMBER 2 INFORMATION LICENSE PLATE	[4	O TRAILER TYPE	41 HAZARDOUS MATERI TRANSPORTING HAZAR	NOUS MATERIALS 💳 123
YEAR STATE NUM	IBER	1-FULL TRAILER 2-SEMI-TRAILER	1. CLASS 2. CLASS	ID NO NO
GROSS VEHICLE WEIGHT RATING REGISTERED GROSS VEHICLE WEIGHT	P	3-POLE TRAILER	3. CLASS	ID NO S RELEASED YES NO
42 TRAILER CARGO BODY STYLE		ARGO TYPE		
2-DUMP 6-FLAT 3-CARGO TANK 7-AUTI	D-TRANSPORT	1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUIO IN BULK	6-AGRICULTURAL PRODUC 7-LIVESTOCK 8-ROCK, DIRT, SANO, GRAVE	12-OTHER(Specify) L,ETC. 13-EMPTY
4-LIVESTOCK 8-OTHI	ER	4-SOLIDS IN BULK	9-MACHINERY 10-CONSTRUCTION MATERIA	14-NOT APPLICABLE (UNIT NOT
SIGNATURE A. M. #44	1444 ACA 11, DEPARTMENT	<u>PD</u>	DATE THIS SUPPLEMENT MADE	10/1/94
Will.				\mathcal{D}^{c}

TEXAS PEAC. OFFICERS ACCIDENT CASUALTY SUPPLEMENT

ACCIDENT IDENTIFIC	ATION (Copy inform	otion in this section exactly o	s shown on Basic Report)		
COUNTY	•	CITY OR TO			
Road on which Accident Occurred		Date of			Haur PM
Unit No. 1 Operator	Last	Forst	Middle		License Plate
SECTION I - MOTOR	VEHICLE ACCID	INT DEATH (D			
Nome of Person Killed	Leit	First	Middle	ruck lype Vehicle)	In Unit
Date of Death			<u> </u>	M Ejected M from vehicle	
Describe injuries	********				
Part of vehicle causing injury		·····			
Yes Blood sample taken? No	Blood sample sent to				
SECTION II - MOTOR	CYCLE OR MOT	ORSCOOTER CASUA	LTIES (Deaths or injurie	<u> </u>	
Name of Casualty	Lost	First	Middle		Operator Passenger
If killed date of death	Describe				
Color shirt or coot	,	Color trousers or skirt		Was Heimet Yes	
Type of eye protective device		Color of lens or shield	Equipped with: Your Your Crash bars?	······································	
Blood sample taken? No	Blood sample sent to				
SECTION III - PEDEST	RIAN CASUALT	ES (Deaths or injuries)			
Name of Casualty		First	***************************************	tf killed, date of death	
WHAT PEDESTRIAN WAS DOING	Along	71131	Middle		
Pedestrion	Across or into	From. of name highway Na) (N.E.			not in readway explain
Crassing or entering at intersection	4 Walking in road with traffic	woy	9. Pia	ying in roodway	
2 Crossing or entering not at intersection	5 Walking in room	way 7. Pushing or on vehicle	working 18. Oil	er in roadway	•••••
3 Getting on or off vehicle	Standing in Roadw (Includes hitch - hi		ng in roadway 11. 🔲 No	I in reedway	
Describe injuries	•••••			*******	
Color shirt or coot		Color tree	users or skirt		
Pedestrian condition			••••••	Ped	☐ Yes estrian drinking? ☐ No
Blood sample taken? No	Blood sample sent to				
SECTION IV - OTHER	CATEGORY DEA	TH (Roos machinery, bicycli	ist standing on parch, an-	(art, etc.)	
Name of Ferson Killed	· -	,,.	. 	Date	
Lest	First	Middle	Category	Deat	n

Form No. ACC-0003 (Rev. 4-86)

SIGNATURE

Date This Supplement Made